



State of Georgia Department of Revenue

Certification Program for County Tax Officials and Staff Registration Form

☐ NEW STUDENT (FIRST CLASS)

☐ EXISTING STUDENT

Name: _____

Address: _____

(City) (State) (Zip)

Daytime Phone Number: _____ Fax Number: _____

Email Address: _____

Employed By (please check one):

County _____ City _____ School System _____ State: _____ Other _____

Position held if with County (please check one):

Tax Commissioner _____ Chief Deputy Tax Commissioner _____ Support Staff _____

County Name: _____ Date of Employment: _____

Office Contact Person Information:

This is the person in your office that we would contact concerning training.

Name: _____ Phone: _____

Email Address: _____

Course Information:

Name: _____

Date: _____ Location: _____

Fee Schedule

3 hour class \$15.00

6 hour class \$30.00

15 hour class \$45.00

Make checks payable to Georgia Department of Revenue.

Fax registrations to 404/724-7045

This is also a phone line – let fax go through even if you hear a voicemail message

Mail payments to:

**Georgia Department of Revenue
Georgia Certification Program
Attn: Kim Oliver
4125 Welcome All Road
Atlanta, Georgia 30349**

For training information contact Kim Oliver 404-724-7044 or kim.oliver@dor.ga.gov.